FORM D



UNITED STATES ... SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



Serial

DATE RECEIVED

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

06045377	
SEC USE ONLY	

Prefix

				L	
• •	k if this is an amendment and name	•			
······································	tnership Interests of TWM Invest				
Filing Under (Check box(es) that	apply): Rule 504 Rule 50.	5 ⊠ Rule 506 □	Section 4(6) ULOE		
Type of Filing: New F					**********
		ASIC IDENTIFICAT	TON DATA		
1. Enter the information requeste					
	k if this is an amendment and name	has changed, and indic	ile change.)		
TWM Investment Partners,		nto Zin Code)	Т-1	hana Mirrib /1 brili-	. A C-d-\
Address of Executive Offices	(No. and Street, City, St	ale, Zip Code)	i etep	hone Number (Includin	-
5500 Preston Road, Suite 25		ata Zin Cada)	Talaskana Niumbas (Insk	(214) 252-326	<u></u>
Address of Principal Business Op (if different from Executive Office		ale, Zip Code)	Telephone Number (Inclu	iding Area Code)	
Brief Description of Business)				
Investment Partnership		•			
Type of Business Organization					
corporation	\boxtimes	limited partnership,	already formed		other (please specify):
business trust		limited partnership,	to be formed		
			Month Year		
Actual or Estimated Date of Inc	corporation or Organization:		1 2 0	0 ⊠ Actual	☐ Estimated
Jurisdiction of Incorporation or	Organization: (Enter two-letter U.S	. Postal Service abbrev	viation for State: TX		
various and a most position of	•				
	CN for Canada; r.	N for other foreign juri	suiction)		
GENERAL INSTRUCTIONS					
Federal:	ion of requesties in reliance on an exemption until	ler Regulation Day Section 40	5) 17 C1D2 130 501 et ever ov 15 11 \$ C	77,46)	
	ing of securities in reliance on an exemption und ter than 15 days after the first sale of securities				C) on the earlier of the date it is
	low or, if received at that address after the date				
Where To File: U.S. Securities and Exchang	e Commission, 450 Fifth Street, N.W., Washing	gton, D.C. 20549.			
Copies Required: Five (5) copies of this not signatures.	tice must be filed with the SEC, one of which n	nust be manually signed. Any	copies not manually signed must be pl	totocopies of the manually sign	ned copy or bear typed or printed
Information Required: A new filing must c	contain all information requested. Amendment pplied in Parts A and B. Part E and the Append			thereto, the information reque	sted in Part C, and any material
Filing Fee: There is no federal filing fee.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
State:					
This notice shall be used to indicate reliand must file a separate notice with the Securiti	te on the Uniform Limited Offering Exemption es Administrator in each state where sales are to slice shall be filed in the appropriate states in acc	be, or have been made. If a	state requires the payment of a fee as a	precondition to the claim for t	he exemption, a fee in the proper
Failure to file notice in	n the appropriate states wil	I not result in a la	es of the federal ever	antion Converse	ly failure to file
	ral notice will not result				
L					
Potential persons who are to respond to the	e collection of information contained in this fo	em are not required to respon	I unless the form displays a currently	valid OMB cantrol number.	SEC 1972 (2-97)



	•		A. BASIC IDENTIF	ICATION DATA		
2.	Enter the information r	equested for the fo	llowing:		******	
Х Х,	Each beneficial owner		has been organized within the to vote or dispose, or direct the	past five years; e vote or disposition of, 10% or	more of a class of	of equity securities of the
x				general and managing partner	s of partnership is	suers; and
<u>x</u>	Each general and mana		rtnership issuers.	P. 1		
	eck Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
	ll Name (Last name first, 'G GP Management, Inc		er			
	siness or Residence Addr 00 Preston Road, Suite 2		Street, City, State, Zip Code) 75205			
Ch	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
	ll Name (Last name first, Heson, John C., Preside					
Bu		ress (Number and	Street, City, State, Zip Code) 75205			
	eck Box(es) that Apply:		☐ Beneficial Owner	☒ Executive Officer	Director	General and/or Managing Partner
	ll Name (Last name first, nnett, Eric W., Vice Pro		ant Secretary			
	siness or Residence Add 00 Preston Road, Suite :		Street, City, State, Zip Code)			
	eck Box(es) that Apply:		☐ Beneficial Owner		☐ Director	General and/or Managing Partner
	Il Name (Last name first,		ant Coordinate			
Bu	eer, Stephanie, Vice Prosiness or Residence Add 00 Preston Road, Suite	ress (Number and	Street, City, State, Zip Code)	ery arkan		
_	eck Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Fu	ll Name (Last name first,	if individual)			- M	<u> </u>
Bu	siness or Residence Add	ress (Number and	Street, City, State, Zip Code)			
Ch	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Fu	Il Name (Last name first,	if individual)	· · · · · · · · · · · · · · · · · · ·			8.8
Bu	siness or Residence Add	ress (Number and	Street, City, State, Zip Code)			
Ch	neck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Fu	ll Name (Last name first,	if individual)				
Bu	siness or Residence Add	ress (Number and	Street, City, State, Zip Code)			

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						B. IN	FORM	ATIO	N ABO	UT OF	FERI	1G			
1. Ha	s the iss	uer sold			er intend so in Ap							ng?	Yes □	N D	lo {}
2. W	What is the minimum investment that will be accepted from any individual? Does the offering permit joint ownership of a single unit:														0
3. Do	Does the offering permit joint ownership of a single unit: Enter the information requested for each person who has been or will be paid or given, directly or														lo]
ind of reg (5) for	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full Na	me (Lasi	t name f	irst, if in	dividua	1)					•••					
Busines	s or Res	idence A	Address ((Numbe	r and Str	eet, City	, State,	Zip Cod	le)	r .					
Name o	f Associ	ated Bro	ker or E	Dealer				•							
					ited or I										
					States)								C	J All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	(FL)	[GA]	(HI)	[ID]			
[IL]	(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND] [WA]	(OH) [WV]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[wi]	[WY]	[PR]	 		
	`							7. 6				×			
Busines	is or ites	idence A	Address (Numbe	r and Str	eet, City	y, State,	Zip Cod	ie)						
Name o	f Associ	ated Bro	oker or E	Dealer											
					cited or I							*************		7 411 5	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	(HI)	[ID]		J /111 C	riaics
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
(RI)	[SC]	[SD]	[TN]	[TX]	נעדן	[VT]	[VA]	[WA]	[WV]	-	[WY]	[PR]			
Full No	me (Las	t name f	irst, if in	dividua	l)				:					·	
Busine	s or Res	idence /	Address	(Numbe	r and Str	eet, Cit	y, State,	Zip Cod	le)				4		
Name o	f Associ	iated Bro	oker or I	Dealer				***************************************				······································			
States i	n Which	Person	Listed H	las Solid	cited or I	ntends t	o Solici	Purcha	sers						
											.,,	***************************************	[] All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	(FL)	[GA]	[HI]	[ID]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	(MS)	[MO]			
(MT)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	(OR)	[PA]			
[RI]	[SC]	[SD]	[TN]	[XX]	[UT]	[VT]	[VA]	[WA]	[WV]	(WI)	[WY]	[PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCE	EDS
l,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	<u> </u>
	Equity	\$	\$0
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$ 0	\$ 0
	Partnership Interests	\$ 2,090,000.00	\$ 2,090,000.00
	Other (Specify)	\$ 0	\$ 0
	Total	\$ 2,090,000.00	\$ 2,090,000.00
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."		
	,	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	\$ 2,090,000.00
	Non-accredited Investors	0	\$ <u>0</u>
	Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering	Type of	Dollar Amount
		Security	Sold
	Rule 505	N/A	\$ <u>N/A</u>
	Regulation A	N/A	\$ <u>N/A</u>
	Rule 504	N/A	\$ <u>N/A</u>
	Total	N/A	\$ <u>N/A</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the secuthis offering. Exclude amounts relating solely to organization expenses of the issuer. The inform be given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.	ation may	
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees		\$ 10,000
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (specify finder's fees separately)		\$0

Other Expenses (identify)

Total

0

10,000

•	and total expenses furnished in respon	gregate offering price given in response to Par se to Part C-Question 4.a. This difference is the	ne "adjusted gross		\$ <u>2,080,000.00</u>
5.	each of the purposes shown. If the am	sted gross proceeds to the issuer used or propo- ount for any purpose is not known, furnish an e. The total of the payments listed must equal onse to Part C-Question 4.b. above.	estimate and		
	,,			Payments of Officers, Directors, Affiliates	& Payments To
	Salaries and fees	<u> </u>		\$	S
	Purchase of real estate			\$	\$
	Purchase, rental or leasing and i	nstallation of machinery and equipment		\$	\$
	Construction or leasing of plant	buildings and facilities		\$	S
		(including the value of securities involved in the assets or securities of another issuer pursuant		\$	s
	Repayment of indebtedness			\$	S
	Working capital			\$	\$
	Other (specify) (investments)			\$	\$ <u>2,080,000.00</u>
	Column Totals			\$8	\$ 2,080,000.00
	Total Payments Listed (column	totals added)		\$_	2,080,000.00
		D. FEDERAL SIGNATUI	RE		
sign	ature constitutes an undertaking by the i	signed by the undersigned duly authorized personer to furnish to the U.S. Securities and Exclon-accredited investor pursuant to paragraph (but in the content of the conten	hange Commission,	filed under Ru upon written re	le 505, the following equest of its staff, the
155	uer (Print or Type)	Signature	Date		
TV	VM Investment Partners, L.P.	Attellance Okeer	August /	14,2006	
No	me of Signer (Print or Type)	Title of Signer (Print or Type)			
Sto	phanie Greer	Vice President and Assistant Secretary	of TTG GP Manage	ement, Inc., ger	neral partner
		ATTENTION			
	Intentional misstatements	or omissions of fact constitute federal of	riminal violations	s. (See 18 U.	S.C. 1001).

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•		E. STATE SIGNATURE											
1.		resently subject to any of the disqualification prov											
	See Appendix, Column 5, for state response.												
2.	 The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. 												
3.	 The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 												
4.		ssuer is familiar with the conditions that must be s which this notice is filed and understands that the at these conditions have been satisfied.											
	e issuer has read this notification and knows t dersigned duly authorized person.	he contents to be true and has duly caused this not	tice to be signed on its behalf by the										
Iss	uer (Print or Type)	Signature	Date										
TW	/M Investment Partners, L.P.	Signature Alphanie Veer	August 14, 2006										
Na	Name of Signer (Print or Type) Title of Signer (Print or Type)												
Ste	phanie Greer	Vice President and Assistant Secretary of TTG	GP Management, Inc., general partner										

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3		4			5
	non-ac investor (Pa	to sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Турс	Type of investor and amount purchased in State (Part C-Item 2)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	
AL								
AK								
AZ								
AR				-				
CA								
СО								
СТ								
DE								
DC								
FL								
GA								
ні					r d tafr			
ID								
IL								
IN								
lA								
KS					,			
KY								
LA								
ME								
MD								
MA								
MI								
MN								
MS					>= -==-			
мо	<u> </u>							

APPENDIX

ı	:	2	3		4			5	
	non-acc investor (Par	o sell to credited s in State rt B- n !)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Турс	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount		
MT									
NE									
NV									
NH									
NJ					. હર્જી				
NM									
NY									
NC									
ND	<u> </u>			*****					
ОН	<u> </u>	<u> </u>							
ок									
OR									
PA									
RI									
SC									
SD									
TN									
TX		No	Limited Partnership Interests \$1,190,000	3	\$1,190,000	0	\$0	No	
UT									
VT	1								
VA									
WA									
WV									
WI									
WY									

APPENDIX

1	2	2	3		4						
	non-acc investor: (Par	o sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Турс	Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount				
PR											

1,11